

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Coleman et al.
Title: PHARMACEUTICAL USES OF
BIOPHOSPHONATES
Appl. No.: 10/578,290
International Filing Date: 12/2/2004
371(c) Date: 1/11/2007
Examiner: Sznajdman, Marcos L.
Art Unit: 1612
Confirmation Number: 2763

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Enclosed are:

- [X] Amendment and Reply under 37 C.F.R. §1.111
- [X] Declaration of Inventor under 37 C.F.R. §1.132 (4 pages)
- [X] Supplemental Information Disclosure Statement
- [X] Form PTO/SB/08 with copy of 1 listed reference.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	9	-	20	=	0	x	\$52.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$390.00 = \$0.00
CLAIMS FEE TOTAL									= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
Extension for response filed within the fifth month:		
[] information disclosure statement under 37 CFR §1.97(c)	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$1,110.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,110.00
[X] Information Disclosure Statement under 37 CFR §1.97(c)	\$180.00	\$180.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,290.00

The above-identified fees of \$1,290.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Dated: November 25, 2009

By /Joseph P. Meara/

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